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MARSHALL PROCEDURES AND GUIDELINES

AD01

BLOODBORNE PATHOGENS

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PREFACE

P.1 PURPOSE

This Directive establishes minimum requirements to limit occupational exposure to blood and other potentially infectious materials that could result in transmission of bloodborne pathogens that could lead to disease or death.

The purpose of this program is to eliminate or minimize employee exposure to bloodborne pathogens from blood and other potentially infectious materials (OPIM) through a combination of engineering and work practice controls, personal protective clothing and equipment, medical surveillance, hepatitis B vaccination, signs, labels, and training. The two most significant bloodborne pathogens are hepatitis B Virus (HBV) which causes hepatitis B, a serious liver disease, and human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS).

P.2 APPLICABILITY

This program is applicable to all MSFC civil service employees and contractors.

P.3 AUTHORITY

Occupational Safety and Health Administration (OSHA) Standard 29 Code of Federal Regulation 1910.1030, "Occupational Exposure to Bloodborne Pathogens"

P.4 APPLICABLE DOCUMENTS

U. S. Department of Labor, Occupational Safety and Health Administration, 29 Code of Federal Regulation 1910.1030, "Occupational Exposure to Bloodborne Pathogens"

P.5 REFERENCES

MPG 8870.1, "MSFC Environmental Management"

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P.6 CANCELLATION

None

Original Signed by

A. G. Stephenson
Director

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DOCUMENT CONTENT

1. DEFINITIONS

None

2. RESPONSIBILITIES

2.1 Occupational Medicine and Environmental Health Services (OMEHS) will:

2.1.1 Maintain file copies of contractor bloodborne pathogen exposure control plans.

2.1.2 Advise and assist, on request, organizations in the development of their bloodborne pathogens exposure control plans.

2.1.3 Review and approve all bloodborne pathogen exposure control plans for compliance with 29 C.F.R. 1910.1030, recommend appropriate changes, and submit approved exposure control plans to the MSFC Occupational Health Officer. These plans will be reviewed prior to commencement of work and at least annually thereafter. Plans may be reviewed more often if necessary to accommodate workplace changes.

2.1.4 Provide required bloodborne pathogen training.

2.1.5 Provide and administer Hepatitis B vaccine (Recombinant).

2.2 Directors/Managers/Team Leads will:

2.2.1 Ensure that infection control procedures are developed to cover all job categories in their operations where exposure to blood and OPIM is reasonably anticipated. Managers must ensure the procedures are submitted to OMEHS per paragraph 2.1.3 and updated at least annually. Plans may be updated more often if necessary to accommodate workplace changes.

2.2.2 Ensure that all biohazardous waste is disposed of in accordance with MPG 8870.1.

2.3 Environmental Engineering Department will:

2.3.1 Provide biohazardous waste collection and disposal services for all Center operations involving bloodborne pathogens or OPIM.

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2.4 Contracting Officer Technical Representatives (COTR) will ensure that contractors have a bloodborne pathogen program and that it is submitted for review and concurrence to OMEHS as indicated above.

2.5 Supervisors will implement all aspects of any bloodborne pathogen program covering their operations.

2.6 Employees must comply with the requirements of any bloodborne pathogen program covering their operations.

3. PROCEDURE

3.1 Any organization, civil servant or contractor, with employees who could be reasonably anticipated to face contact with blood and other potentially infectious materials as the result of performing their job duties, must comply with the OSHA requirements. Appendix A provides an overview of the requirements of this OSHA standard.

3.2 Job categories where occupational exposures to blood and OPIM is reasonably anticipated are medical services personnel, security personnel, and custodial personnel whose tasks include the medical center and cleaning up blood or OPIM after an occupational accident, similar operations, or as found on-site. "Good Samaritan" acts, such as assisting a coworker with a nosebleed, would not be considered occupational exposure and do not require establishment of a program.

3.3 Civil servant organizations must follow the requirements of MSFC Bloodborne Pathogen Program maintained by Occupational Medicine and Environmental Health Services (OMEHS). The organization must prepare an exposure control plan for their operations involving potential exposure to bloodborne pathogens. The exposure control plan must be submitted to OMEHS for review, comment, and concurrence, and will be included as part of the MSFC program. This plan will be updated at least annually and submitted to OMEHS as indicated above. Plans may be updated more often if necessary to accommodate workplace changes.

3.4 Contractors must establish and implement a bloodborne pathogen program meeting the requirements of the regulation. A copy of the on-site contractor's program must be submitted to OMEHS for review, comment, and concurrence within 10 days following contract award or prior to the commencement of task involving potential exposure to bloodborne pathogens. Off-site contractors must submit a copy of their program to OMEHS for review, comment, and concurrence prior to commencement of tasks involving potential exposure to bloodborne pathogens on Center.

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All contractors will update their plans at least annually and submit to OMEHS as indicated above. Plans may be updated more often if necessary to accommodate workplace changes.

See also Appendices A and B.

4. RECORDS

The following records are dispositioned in accordance with NPG 1441.1 and 29 CFR 1910.1020:

MSFC Form 4375, "Information about Hepatitis B Vaccine"
MSFC Form 4052, "Patient Service Report"
MSFC Form 2738, "Medical Records of Injury and Treatment"
MSFC Form 2805, "MSFC Work History Questionnaire"

5. FLOW DIAGRAM

None

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APPENDIX A OSHA FACT SHEET 92-46

United States Department of Labor
Occupational Safety and Health Administration

BLOODBORNE PATHOGENS FINAL STANDARD: SUMMARY OF KEY PROVISIONS

A.1 Purpose

Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

A.2 Scope

Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. "Good Samaritan" acts, such as assisting a coworker with a nosebleed, would not be considered occupational exposure.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV or Hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs, or other tissues from experimental animals infected with HIV or HBV.

A.3 Exposure Control Plan

Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs - without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually -- more often if necessary to accommodate workplace changes.

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A.4 Methods of Compliance

Mandates universal precautions (treating body fluids/materials as if infectious), emphasizing engineering and work practice controls. The standard stresses handwashing and requires employers to provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes, and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces, and resuscitation bags and must clean, repair, and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning and identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

A.5 HIV and HBV Research Laboratories and Production Facilities

Calls for these facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

A.6 Hepatitis B Vaccination

Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed healthcare professional, and according to the latest recommendations of the

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U.S. Public Health Service (USPHS). Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

A.7 Post-Exposure Evaluation and Follow-up

Specifies procedures be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling, and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

A.8 Hazard Communication

Requires warning labels including the orange or orange-red biohazard symbol affixed to containers of regulated waste, refrigerators and freezers, and other containers that are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling.

When a facility uses universal precautions in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labeled.

Blood that has been tested and found free of HIV or HBV and released for clinical use, and regulated waste that has been decontaminated, need not be labeled.

Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

A.9 Information and Training

Mandates training within 90 days of effective date, initially upon assignment and annually -- employees who have received

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appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, and signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

A.10 Recordkeeping

Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years, must be confidential, and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for 3 years and must include dates, contents of the training program or a summary, trainer's name and qualifications, and names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH--they are not available to the employer. Disposal of records must be in accordance with OSHA's standard covering access to records.

A.11 Dates

Effective date: March 6, 1992. Exposure control plan: May 5, 1992. Information and training requirements and recordkeeping: June 4, 1992. The following other provisions take effect on July 6, 1992: Engineering and work practice controls, personal protective equipment, housekeeping, special provisions covering HIV and HBV research laboratories and production facilities, hepatitis B vaccination and post-exposure evaluation and follow-up and labels and signs.

This is one of a series of fact sheets highlighting U.S. Department of Labor Programs. It is intended as a general description only and does not carry the force of legal opinion.

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APPENDIX B

BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

B.1 Purpose

This appendix explains the program that is designed to minimize occupational exposure to blood and other potentially infectious materials that could result in transmission of bloodborne pathogens that could lead to disease or death. This program is designed to meet the requirements of the Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, Bloodborne Pathogens.

B.2 Universal Precautions

Universal precautions is an approach to infection control in which all human blood and OPIM are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. Universal precautions are a requirement of the OSHA standard and must be followed.

B.3 Exposure Determination

The following jobs have been identified as having tasks involving employee exposure to bloodborne pathogens and are covered by this program: security personnel, medical services personnel, custodial personnel whose tasks include the MSFC Medical Center, and cleaning up blood or OPIM after an occupational accident, similar operations, or as found on-site.

These jobs are performed by support service contractors who are required to have their own exposure control program.

A list of the tasks and procedures involving exposure to blood and OPIM is enclosed.

B.4 Hepatitis B Vaccination

Hepatitis B vaccination is recognized as a safe and effective means of protecting against HBV infection. Hepatitis B vaccination shall be provided by MSFC Occupational Medicine and Environmental Health Services, free of charge, to covered civil service and on-site contractor employees within 10 working days of initial assignment to every employee who has occupational exposure to bloodborne pathogens. Vaccinations are not necessary for employees who have previously completed the HBV vaccination series, where antibody testing confirms the employee is already

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immune to HBV, or if vaccination is contraindicated for medical reasons.

Employees who decline vaccination must sign a declination form indicating they were offered the vaccination but refused it. The employee may begin the vaccination series at a later date at their request and if they are still occupationally exposed to bloodborne pathogens.

B.5 Exposure Control Procedures

Specific procedures have been developed for tasks involving exposure to blood and OPIM and are described in the attachment. These procedures include engineering and work practice controls, housekeeping and decontamination procedures, personal protective equipment, laundering of contaminated clothing, and the handling of potentially infectious waste. These procedures must be followed.

B.6 Education and Training

Employees must be trained upon initial assignment to a job involving exposure to bloodborne pathogens, and annually thereafter. This training will include:

B.6.1 The requirements of the OSHA standard.

B.6.2 The epidemiology and symptoms of bloodborne diseases.

B.6.3 The modes of transmission of bloodborne pathogens.

B.6.4 An explanation of the exposure control plan, including the use and limitations of safe work practices and engineering controls and how to select, use, remove, handle, decontaminate, and dispose of personal protective clothing and equipment.

B.6.5 Methods to control transmission of HIV and HBV.

B.6.6 How to recognize occupational exposure.

B.6.7 The availability of free HBV vaccination.

B.6.8 Labels, signs, and color coding for bloodborne pathogens.

B.6.9 Procedures for reporting exposure incidents and postexposure follow-up.

Additional training must be provided when existing tasks are modified or new tasks are added that may affect employee exposure

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to bloodborne pathogens. This training may be limited to the new or modified tasks.

Arrangements may be made to have the training provided by OMEHS. The documentation of the civil service individuals trained must be provided to the MSFC Education Programs Office.

B.7 Labels

All containers with blood or OPIM, contaminated waste, and clothing must be labeled as a biohazard. Standard biohazard labels are acceptable; however, red bags or red containers may be used instead of labels.

B.8 Postexposure Follow-up

Any employee involved in an incident exposing them to blood or OPIM must immediately report the incident to their supervisor and OMEHS. OMEHS will provide postexposure evaluation and follow-up services to the employee.

B.9 Recordkeeping

The OMEHS will establish and maintain employee medical records under this program.

B.10 Implementation Dates

This program is currently implemented.